Senile enlargement of the prostate MCQ Question Answer

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Question: 1. c. each centimeter over the normal 2.5-cm prostate urethral length equates

Option A. an additional 15 g in prostate weight
Option B. each centimeter over the normal 1.5-cm prostate urethral length equates
Option C. an additional 5 g in prostate weight
Option D. . When comparing suprapubic to retropubic prostatectomy for removing prostatic adenoma, the former allows:

Question: 2. When comparing HoLEP to open prostatectomy for a 70 g prostatic adenoma removal; what parameter goes in favor of the latter?

Option A. operation time
Option B. duration of in-hospital stay
Option C. amount of blood transfused
Option D. time to catheter removal

Question: 3. What is (are) true concerning IPSS questionnaire?

Option A. it focuses on last month`s symptoms
Option B. scores of moderate symptoms suggest surgical treatment if the patient`s quality of life was poor
Option C. it has been validated and translated to many languages
Option D. all of the above

Question: 4. Which statement(s) describe(s) the bladders response to an obstructing prostate?

Option A. it may develop detrusor instability with irritative LUTS
Option B. it may develop poor compliance with frequency and urgency symptoms
Option C. it may develop poor detrusor contractility with obstructive LUTS
Option D. all of the above

Question: 5. What is false concerning bladder and prostate histology in BPH?

Option A. obstruction results in bladder smooth muscle hypertrophy and myofibroblasts deposition
Option B. BPH occurs chiefly in the transitional zone and periurethral tissues
Option C. BPH microscopical changes begin in early thirties
Option D. histologic findings of chronic prostatitis are common in BPH

Question: 6. The lowest re-treatment rate of BPH is for:

Option A. TUIP
Option B. TURP
Option C. HoLEP
Option D. HoLRP

Question: 7. a. lesser chance of post-operative urethral stricture

Option A. milder postoperative hematuria
Option B. tension-free bladder closure
Option C. extra-peritoneal approach
Option D. . When comparing TURP to open prostatectomy for removing prostatic adenoma, the latter has the following advantages, EXCEPT:

Question: 8. A 50% reduction of prostate size is expected after a 6-month therapy with:

Option A. alfuzosin
Option B. silodosin
Option C. finasteride
Option D. tamsulosin

Question: 9. Smooth muscle tension in the prostate is mediated by which receptors?

Option A. α1-a
Option B. α1-b
Option C. α2-a
Option D. α2-b

Question: 10. a. no risk of dilutional hyponatremia

Option A. operating on patients with multiple bladder diverticula
Option B. operating on patients who cannot flex their hips and/or knees
Option C. unfavorable tissue preservation for pathological examination
Option D. . What is (are) the contraindication(s) to open prostatectomy for prostatic adenoma?

Question: 11. What is true regarding mirabegron, the **β**3 agonist, in treating BPH?

Option A. achieves better results when combined with antimuscarinic
Option B. enhances detrusor contractility resulting in higher Q-max
Option C. enhance detrusor relaxation during bladder-filling phase
Option D. increases voiding pressure that poses risk on renal function

Question: 12. What is the likelihood that PSA level in men with acute urinary retention due to urethral stricture will decrease after catheterization?

Option A. never
Option B. unlikely
Option C. likely
Option D. always

Question: 13. The probability of developing acute urinary retention is related to:

Option A. the neurological status of the patient
Option B. PVR
Option C. severity of obstructive LUTS

Option D. all of the above

Question: 14. Complications related to obstructive BPH/LUTS include all of the following, EXCEPT:

Option A. bladder stones
Option B. prostate cancer
Option C. renal insufficiency
Option D. bladder diverticula

Question: 15. What is true regarding BPH and androgens?

Option A. as a man ages, the responsiveness of prostate cells to androgenic stimuli decreases
Option B. adrenal androgens have no role in BPH development
Option C. type-1 steroid 5 α-reductase is functionally active in the hair follicle
Option D. all of the above

Question: 16. In BPH patients, follow up PSA is of value because:

Option A. it helps predict the response to 5α-reductase inhibitors
Option B. it monitors LUTS/BPH progression
Option C. BPH patients are at higher risk of developing prostate cancer
Option D. a & b

Question: 17. Which drug reduces the incidence of prostate cancer by 23% with a small increase in high-grade tumor incidence?

Option A. cetrorelix
Option B. flutamide
Option C. dutasteride
Option D. zanoterone

Question: 18. A BPH patient presents with retention of urine. He is Catheterized. Later, he underwent TURP. When would the highest PSA value be?

Option A. before catheterization
Option B. after catheterization and before TURP
Option C. immediately after TURP
Option D. 2 weeks after TURP

Question: 19. Which statement best describes the natural history of BPH:

Option A. worsening of LUTS and BPH over time
Option B. patients die of other reasons before serious complications occur
Option C. physically, the space of prostatic fossa limits the gland enlargement
Option D. ultimately, the gland will degenerate and undergo apoptosis

Question: 20. In BPH, the etiology of acute urinary retention includes:

Option A. prostatic infarction

Option B. prostate infection
Option C. bladder overdistention
Option D. all of the above

Question: 21. A 55 yrs. male patient with familial BPH, IPSS 9, PSA 23ng/ml, prostate size 31 cc, PVR 54 cc, on watchful waiting management. Next step should be:

Option A. tamsulosin 0.8 mg
Option B. reassurance
Option C. repeat total and free PSA
Option D. diagnostic cystoscopy

Question: 22. What is false regarding BPH symptomatology?

Option A. the size of the prostate correlates well to the degree of obstruction
Option B. a decrease of 3 points in IPSS is associated with a subjective perception of improvement
Option C. median lobe enlargement gives rise to serious obstructive symptoms
Option D. bladder trabeculation is not specific for an obstructing prostate

Question: 23. Preferably, what is the last part of the prostate to be removed while performing TURP?

Option A. bladder neck
Option B. apex
Option C. median lobe
Option D. para-collecular

Question: 24. What is false concerning IPSS questionnaire?

Option A. is specific for prostate symptom
Option B. is a seven-question, self-administered questionnaire that yields a total score that ranges from 0 to 35
Option C. a sum of 20 on IPSS scale is severe
Option D. it covers both voiding and storage symptomatology

Question: 25. What drug prevents recurrent gross hematuria secondary to BPH?

Option A. enoxaparin
Option B. silodosin
Option C. finasteride
Option D. tolterodine

Question: 26. TURP carries an incidence of retrograde ejaculation of:

Option A. 62 - 78%
Option B. 48 - 61%
Option C. 79 - 93%
Option D. 34 - 47%

Question: 27. Open prostatectomy is preferred in treating BPH with:

Option A. sizable bladder stones
Option B. Hutch diverticulum
Option C. a suspicion of cancer
Option D. a & b

Question: 28. Anticholinergic medications work best with BPH patients who have:

Option A. small prostate
Option B. mainly median lobe hypertrophy
Option C. history of urinary retention
Option D. mainly irritative symptoms

Question: 29. What is (are) the possible complication(s) of prostate stents?

Option A. hematuria and infections
Option B. migration and encrustation of the stent
Option C. irritative urinary symptoms and painful ejaculation
Option D. all of the above

Question: 30. In an 80 yrs. diabetic man on insulin for 35 yrs.; what would be the proper sequence of developing the following obstructing BPH/LUTS?

Option A. frequency, over-flow incontinence, straining, retention
Option B. straining, frequency, over-flow incontinence, retention
Option C. straining, frequency, retention, over-flow incontinence
Option D. frequency, straining, retention, over-flow incontinence

Answer Sheet

1	A	Hutch diverticulum can`t be managed via retropubic approach.
2	A	it ranges from 0.2% to 1% of cases (Rieken et al, 2010).
3	D	self-explanatory.
4	D	the first change to occur is detrusor smooth muscle hypertrophy followed by significant intra- and extracellular changes in the smooth muscle that lead to bladder instability.
5	A	obstruction results in bladder smooth muscle hypertrophy and collagen deposition.
6	A	operation time was found to be 14 min less in favor of open prostatectomy according to (Naspro et al, 2006).
7	D	open prostatectomy allows better tissue preservation for pathological examination as the whole lobes are delivered intact.
8	C	the 5α-reductase inhibitor finasteride reduces prostate size after a 6-month course of treatment.
		prostate smooth muscle tension has been shown to be mediated by the α1. (a) adrenergic

9	A	receptors.
10	D	self-explanatory.
11	C	as per the REDUCE study, dutasteride reduces the incidence of prostate cancer by 23% with a small increase in high-grade tumor incidence.
12	D	acute retention of urine elevates PSA levels and once relieved PSA drops.
13	D	self-explanatory.
14	B	prostate cancer is not a complication of obstructive BPH/LUTS.
15	C	type-1 is active in hair follicles, while type-2 is in prostate cells.
16	D	BPH doesn`t increase the risk of developing prostate cancer.
17	B	post-void dribble is a type of incontinence that doesnt complicate LUTS.
18	C	TURP is an extremely traumatic procedure to prostate cells and thus releases tremendous amounts of PSA to the circulation.
19	B	prostate biopsy is not required for diagnosing BPH.
20	A	in general, a worsening of LUTS and BPH happens over time, exposing the patient to significant complications.
21	C	repeat PSA. In case prostate cancer is suspected go for TURP, prostate biopsy.
22	A	the size of the prostate doesn`t correlate with the degree of obstruction.
23	B	conventionally, the apex is the last portion to be resected.
24	A	IPSS is not prostate-specific. It is general for all obstructive LUTS.
25	C	finasteride, the 5α-reductase inhibitor stops hematuria related to BPH.
26	C	prostate enucleation provides the lower re-treatment rate. Campbell-Walsh Urology, 11th Edition, by Alan J. Wein, Louis R. Kavoussi, Alan W. Partin, Craig A.
27	D	in cases when prostate cancer is likely, the option of open prostatectomy should be dismissed.
28	D	anticholinergics are to relieve symptoms related to bladder irritability.
29	D	self-explanatory.
30	D	frequency is the first obstructive LUTS in BPH condition. Retention, in this case, is chronic painless that could be complicated, lately, by overflow incontinence.